The Grand Rapids Traffic Safety Department is authorized to establish and maintain handicap parking zones for drivers that are non-ambulatory under the following conditions:

- I. The applicant must be a resident of the property, capable of safely operating a motor vehicle, and be in possession of a current operator's license and state handicapped sticker or plate. A copy of the operating permit and handicap permit must be provided with the application.
- II. The property does not have a driveway or other off-street parking.
- III. The applicant must submit a physician signed letter specifically stating that the applicant is non-ambulatory (the exact language "non-ambulatory" is a requirement).
- IV. Handicap parking zones will not be installed on major street s or in front of commercial properties.

**Note:** Drivers that are non-ambulatory are the only individuals eligible for a Handicap Parking Zone.

Handicap parking zones are not installed for people providing transportation for non-ambulatory individuals.

The applicant shall contact the Traffic Safety Department upon relocation.

The installation of a sign is at the discretion of the Traffic Safety Department.

Submissions lacking required attachments or completed information will not be considered.

Return completed applications to: City of Grand Rapids, Traffic Safety Department, 509 Wealthy S.W., Grand Rapids, MI 49503

Otata LIDOD Offalson/Diata Namehan		Fi	ation Date	
State HDCP. Sticker/Plate Number Required Attachments		Expiration Date		
Copy of operator's permit	Copy of handicap permit		Letter from Physician	
3. Applicant Information ( <i>Sign</i>	nature Required, Contact Information Required	if Applicant Not Indicated by	(Check Box Above)	
3. Applicant Information (Sign	<b>nature Required</b> , Contact Information Required	if Applicant Not Indicated by  Telephone Number	r Check Box Above) Fax Number	
Name & Title	nature Required, Contact Information Required  State Zip			
3. Applicant Information (Sign Name & Title Street Address	State Zip	Telephone Number	Fax Number	

Date